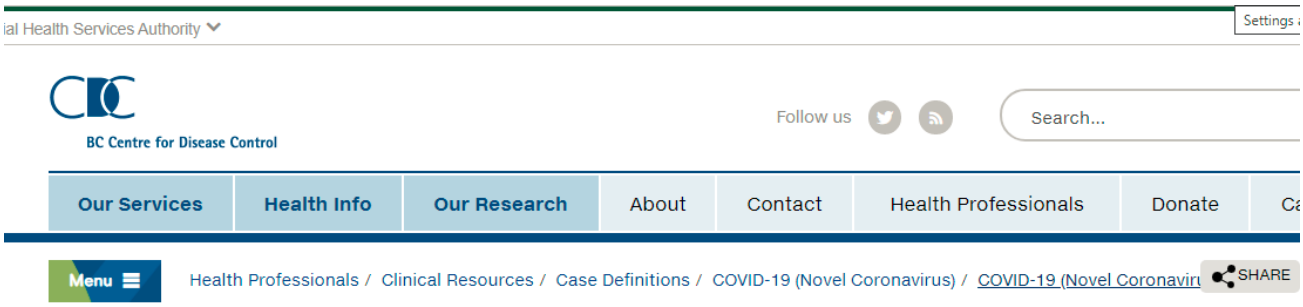
CANUCK LAW

Reporting That You're Not Getting Elsewhere (Do Your Own Research To Verify)

SEPTEMBER 28, 2020 BY RONNIE

Using Computer Models (Predictions), And Misleading Data



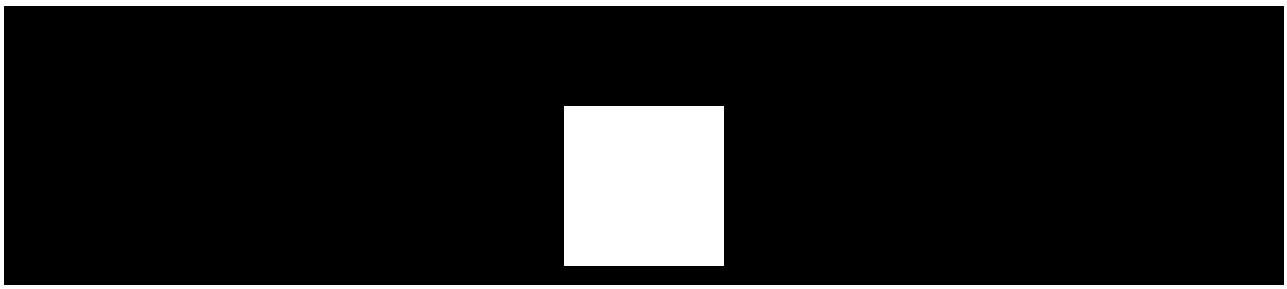
COVID-19 (Novel Coronavirus)

Clinicians should consult with their local Medical Health Officer with questions, concerns or for guidance related to cases suspected of COVID-19 infection.

Surveillance case definitions are intended for public health surveillance and reporting purposes and may not apply to clinical practice.

In this section

- Case Definitions
- Acquired Immune Deficiency Syndrome (AIDS)
- Amebiasis



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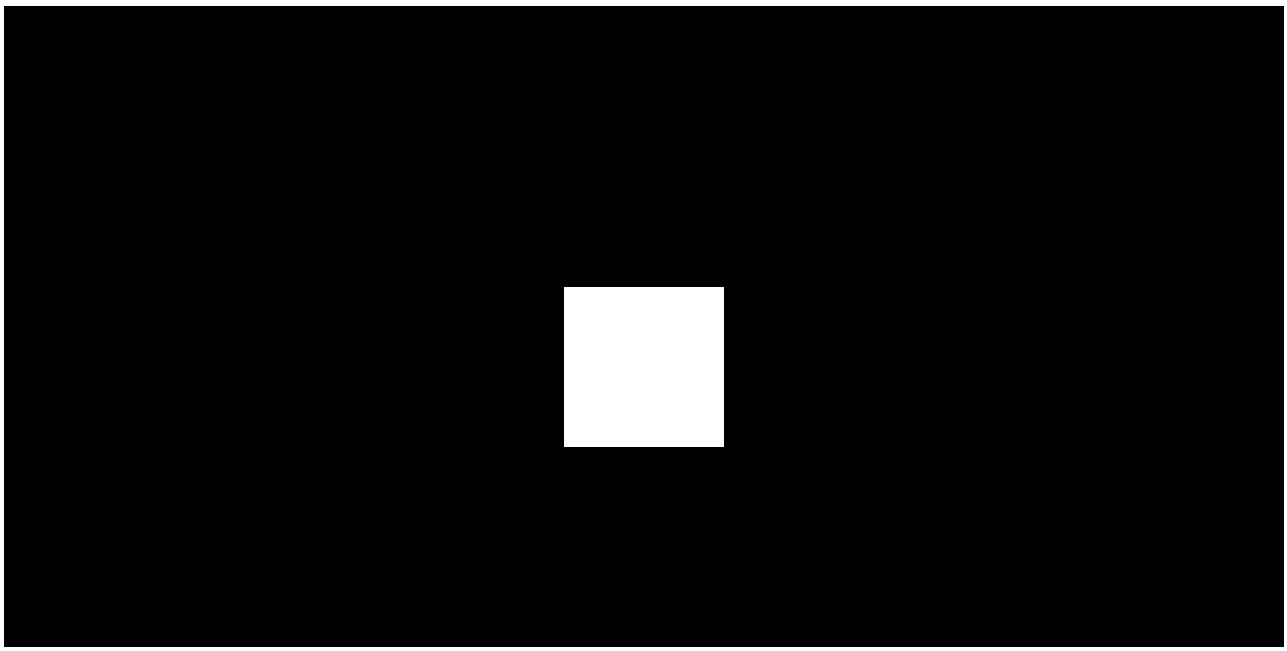


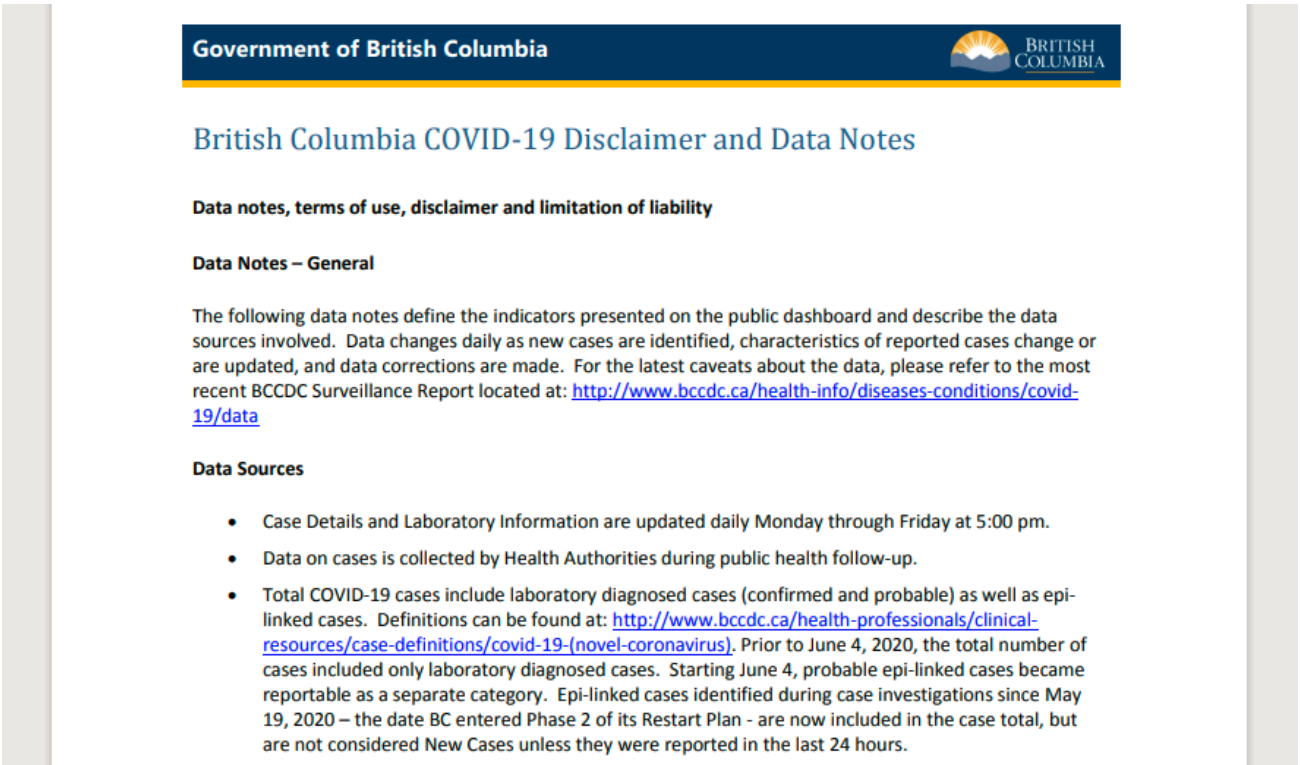
00:00 04:33

The BC Government continues to push the narrative of us being in a deadly pandemic. However, this flies in the face of its own data and numbers.

[1] BCPHO Bonnie Henry admits there's no science behind limiting gatherings to 50 people. [2] She also admits that the PCR tests can give 30% false negatives. [3] Ontario Deputy Medical Health Officer Barbara Yaffe admits that testing can give 50% false positives. [4] Bonnie Henry admits antibody testing gives both high false positives and false negatives.

Now, what about those computer models?

1. BC Issues Waiver Of All Liability



Government of British Columbia

BRITISH COLUMBIA

British Columbia COVID-19 Disclaimer and Data Notes

Data notes, terms of use, disclaimer and limitation of liability

Data Notes – General

The following data notes define the indicators presented on the public dashboard and describe the data sources involved. Data changes daily as new cases are identified, characteristics of reported cases change or are updated, and data corrections are made. For the latest caveats about the data, please refer to the most recent BCCDC Surveillance Report located at: http://www.bccdc.ca/health-info/diseases-conditions/covid-19/data

Data Sources

- Case Details and Laboratory Information are updated daily Monday through Friday at 5:00 pm.
- Data on cases is collected by Health Authorities during public health follow-up.
- Total COVID-19 cases include laboratory diagnosed cases (confirmed and probable) as well as epi-linked cases. Definitions can be found at: http://www.bccdc.ca/health-professionals/clinical-resources/case-definitions/covid-19-(novel-coronavirus). Prior to June 4, 2020, the total number of cases included only laboratory diagnosed cases. Starting June 4, probable epi-linked cases became reportable as a separate category. Epi-linked cases identified during case investigations since May 19, 2020 – the date BC entered Phase 2 of its Restart Plan - are now included in the case total, but are not considered New Cases unless they were reported in the last 24 hours.

Terms of use, disclaimer and limitation of liability

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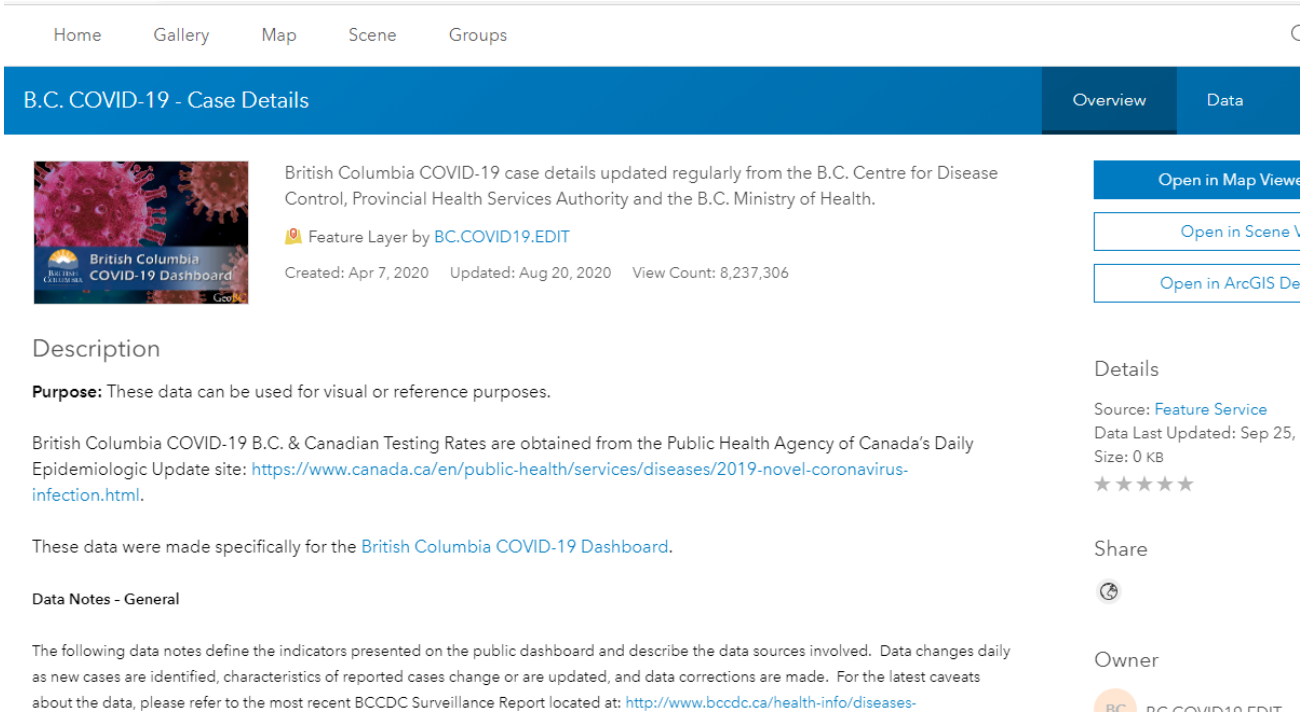
Although every effort has been made to provide accurate information, the Province of British Columbia, including the British Columbia Centre for Disease Control, the Provincial Health Services Authority and the British Columbia Ministry of Health makes no representation or warranties regarding the accuracy of the information in the

dashboard and the associated data, ***nor will it accept responsibility for errors or omissions***. Data may not reflect the current situation, and therefore should only be used for reference purposes. ***Access to and/or content of this dashboard and associated data may be suspended, discontinued, or altered, in part or in whole, at any time, for any reason, with or without prior notice, at the discretion of the Province of British Columbia***.

Anyone using this information does so at his or her own risk, and ***by using such information agrees to indemnify the Province of British Columbia, including the British Columbia Centre for Disease Control, the Provincial Health Services Authority and the British Columbia Ministry of Health and its content providers from any and all liability, loss, injury, damages, costs and expenses (including legal fees and expenses)*** arising from such person's use of the information on this website.

The BC Government would have us believe that this is accurate information, but puts in the disclaimer that it accepts no liability whatsoever for its publications. Speaks volumes about their reliability.

2. BC Gov't Doesn't Stand Behind Claims


Home
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Scene
Groups
B.C. COVID-19 - Case Details
Overview
Data
British Columbia COVID-19 Dashboard
British Columbia COVID-19 case details updated regularly from the B.C. Centre for Disease Control, Provincial Health Services Authority and the B.C. Ministry of Health.
Feature Layer by BC.COVID19.EDIT
Created: Apr 7, 2020 Updated: Aug 20, 2020 View Count: 8,237,306
Open in Map View
Open in Scene V
Open in ArcGIS De
Description
Purpose: These data can be used for visual or reference purposes.
British Columbia COVID-19 B.C. & Canadian Testing Rates are obtained from the Public Health Agency of Canada's Daily Epidemiologic Update site: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html.
These data were made specifically for the British Columbia COVID-19 Dashboard.
Data Notes - General
The following data notes define the indicators presented on the public dashboard and describe the data sources involved. Data changes daily as new cases are identified, characteristics of reported cases change or are updated, and data corrections are made. For the latest caveats about the data, please refer to the most recent BCCDC Surveillance Report located at: http://www.bccdc.ca/health-info/diseases-
Details
Source: Feature Service
Data Last Updated: Sep 25,
Size: 0 KB
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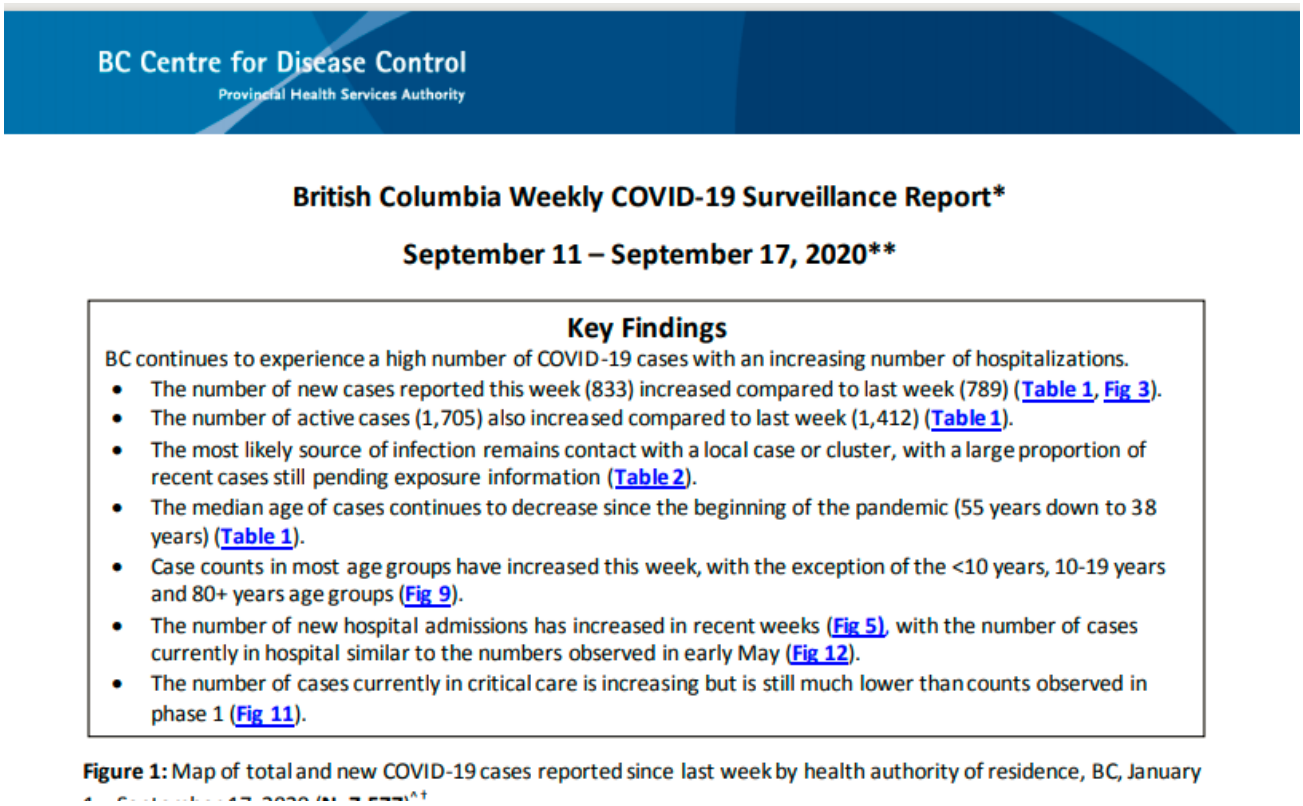
> Although every effort has been made to provide accurate information, the Province of British Columbia, including the British Columbia Centre for Disease Control, the Provincial Health Services Authority and the British Columbia Ministry of Health ***makes no representation or warranties regarding the accuracy of the information in the dashboard and the associated data, nor will it accept responsibility for errors or omissions***. Data may not reflect the current situation, and therefore should only be used for reference purposes. Access to and/or content of this dashboard and associated data may be suspended, discontinued, or altered, in part or in whole, at any time, for any reason, with or without prior notice, at the discretion of the Province of British Columbia.

The Government of BC doesn't even stand behind the information it publishes. No wonder there is the disclaimer and waiver of liability.

3. BC's September 17 Surveillance Report



BC Centre for Disease Control
Provincial Health Services Authority

British Columbia Weekly COVID-19 Surveillance Report*

September 11 – September 17, 2020**

Key Findings

BC continues to experience a high number of COVID-19 cases with an increasing number of hospitalizations.

- The number of new cases reported this week (833) increased compared to last week (789) (Table 1, Fig 3).
- The number of active cases (1,705) also increased compared to last week (1,412) (Table 1).
- The most likely source of infection remains contact with a local case or cluster, with a large proportion of recent cases still pending exposure information (Table 2).
- The median age of cases continues to decrease since the beginning of the pandemic (55 years down to 38 years) (Table 1).
- Case counts in most age groups have increased this week, with the exception of the <10 years, 10-19 years and 80+ years age groups (Fig 9).
- The number of new hospital admissions has increased in recent weeks (Fig 5), with the number of cases currently in hospital similar to the numbers observed in early May (Fig 12).
- The number of cases currently in critical care is increasing but is still much lower than counts observed in phase 1 (Fig 11).

Figure 1: Map of total and new COVID-19 cases reported since last week by health authority of residence, BC, January

Total number of cases: 7,663

Number of lab-confirmed and lab-probable cases: 7,548

Number of epi-linked probable cases: 115

What do these definitions actually mean though? We'll have to get them from the BC Centre for Disease Control.

Case definitions[8]

Confirmed case

A person with laboratory confirmation of infection with the virus that causes COVID-19 performed at a community, hospital or reference laboratory (NML or a provincial public health laboratory) running a validated assay. This consists of detection of at least one specific gene target by a NAAT assay (e.g. real-time PCR or nucleic acid sequencing).[1-3]

Probable - lab case

A person (who has had a laboratory test):

- with fever (over 38 degrees Celsius) or new onset of (or exacerbation of chronic) cough

And

- who meets the COVID-19 exposure criteria[5] and in whom a laboratory diagnosis of COVID-19 is inconclusive.[1,6,7]

Probable - epi-linked case

A person (who has not had a laboratory test):

- with fever (over 38 degrees Celsius) or new onset of (or exacerbation of chronic) cough,

And

- Close contact[4] with a confirmed case of COVID-19,

Or

- Lived in or worked in a closed facility known to be experiencing an outbreak of COVID-19 (e.g. long-term care facility, prison).

According to those definitions, a person would be considered positive if they have an inconclusive test, and has the very generic symptoms. Strange that positives and “lab-probable” aren’t separated. Similarly, a person can be considered a “probable” case with no test whatsoever.

4. BC Gov’t FearPorn V.S. Its Own Data

Age group	COVID cases n (%)	Cases ever hospitalized n (%)	Cases ever in ICU n (%)	COVID deaths n (%)	General population† n (%)
<10 Years	207 (3)	3 (<1)	0 (0)	0 (0)	468,280 (9)
10-19 Years	398 (5)	2 (<1)	0 (0)	0 (0)	507,197 (10)
20-29 Years	1,744 (23)	22 (3)	7 (3)	0 (0)	684,681 (13)
30-39 Years	1,551 (21)	49 (7)	15 (6)	0 (0)	730,523 (14)
40-49 Years	1,072 (14)	58 (9)	22 (9)	3 (1)	647,790 (13)
50-59 Years	995 (13)	101 (15)	40 (17)	5 (2)	721,355 (14)
60-69 Years	633 (8)	137 (20)	57 (24)	20 (9)	675,632 (13)
70-79 Years	412 (5)	163 (24)	70 (30)	39 (18)	436,179 (9)
80-89 Years	308 (4)	103 (15)	19 (8)	90 (41)	188,010 (4)
90+ Years	177 (2)	42 (6)	4 (2)	62 (28)	50,876 (1)
Total	**7,497**	**680**	**234**	**219**	**5,110,523**

† cases with age information available are included.

And let's take a look at some of these numbers. As of Sept 17:

-219 deaths overall

-0 deaths of people under the age of 40

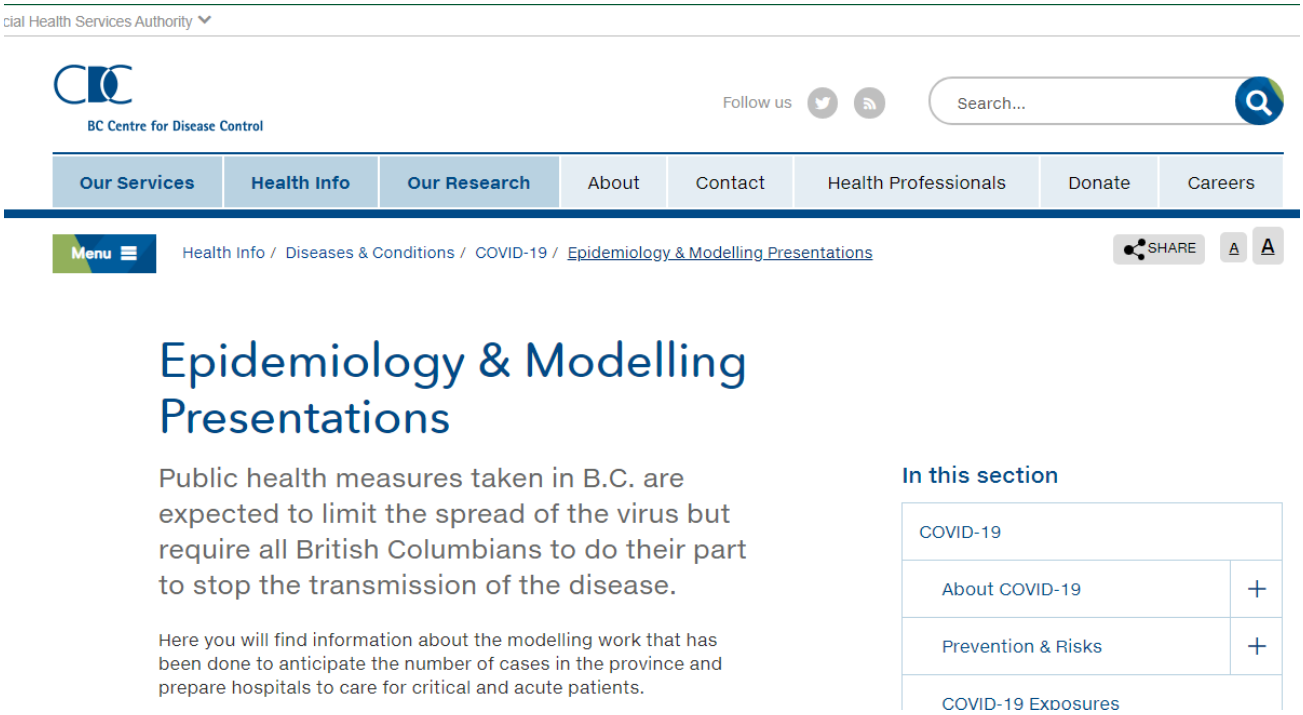
-28 deaths of people under the age of 70

-no info provided on preexisting health problems

-positive and lab-probable cases mixed together

Of course, all of this assumes the Government is being open and honest about its results. There's nothing to say that these reports aren't entirely fabricated.

5. Computer Models Are Just Predictions


cial Health Services Authority
BC Centre for Disease Control
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A
Epidemiology & Modelling Presentations
Public health measures taken in B.C. are expected to limit the spread of the virus but require all British Columbians to do their part to stop the transmission of the disease.
Here you will find information about the modelling work that has been done to anticipate the number of cases in the province and prepare hospitals to care for critical and acute patients.
In this section
COVID-19
About COVID-19
Prevention & Risks
COVID-19 Exposures

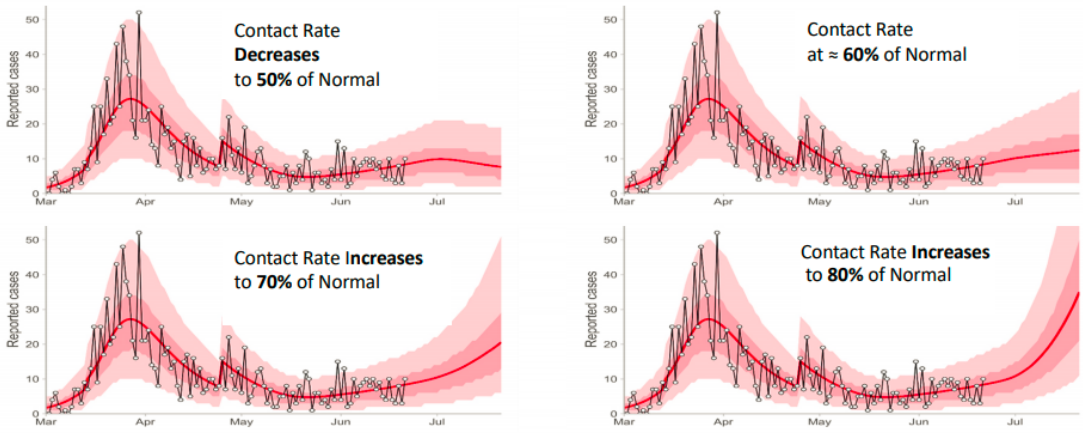
http://www.bccdc.ca/health-info/diseases-conditions/covid-19/modelling-projections

To be absolutely clear: computer models are not evidence of anything. They are simply predictions that “experts” release based on assumptions, predetermined patterns, and bits of data. If the information isn’t reliable, or if there is a political agenda, the results are meaningless.

However, even good intentions and data don’t change the fact that these models are just predictions — at best.

Dynamic Compartmental Modelling: Scenarios

Scenarios from our model illustrate the importance of reducing contacts that could lead to transmission.
Higher rates of infectious contact lead to a more rapid rebound in new cases.

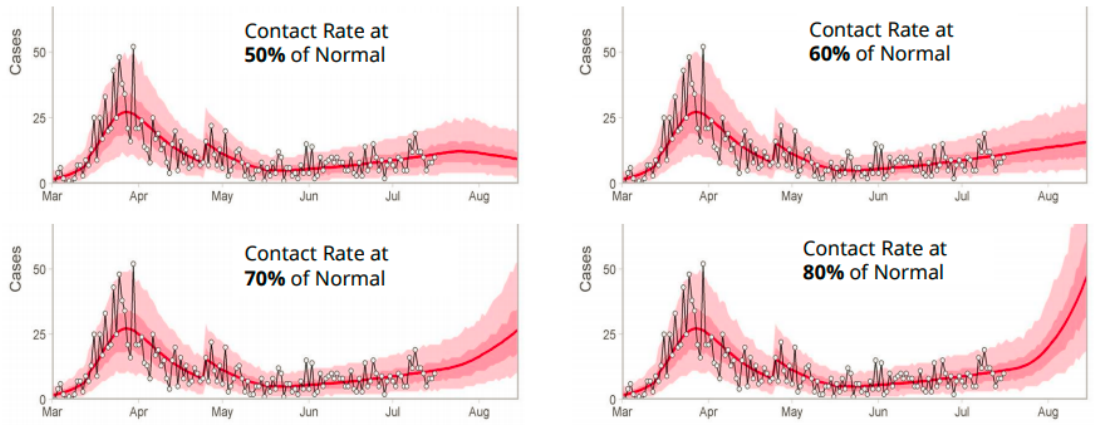


COVID-19 IN BC 14

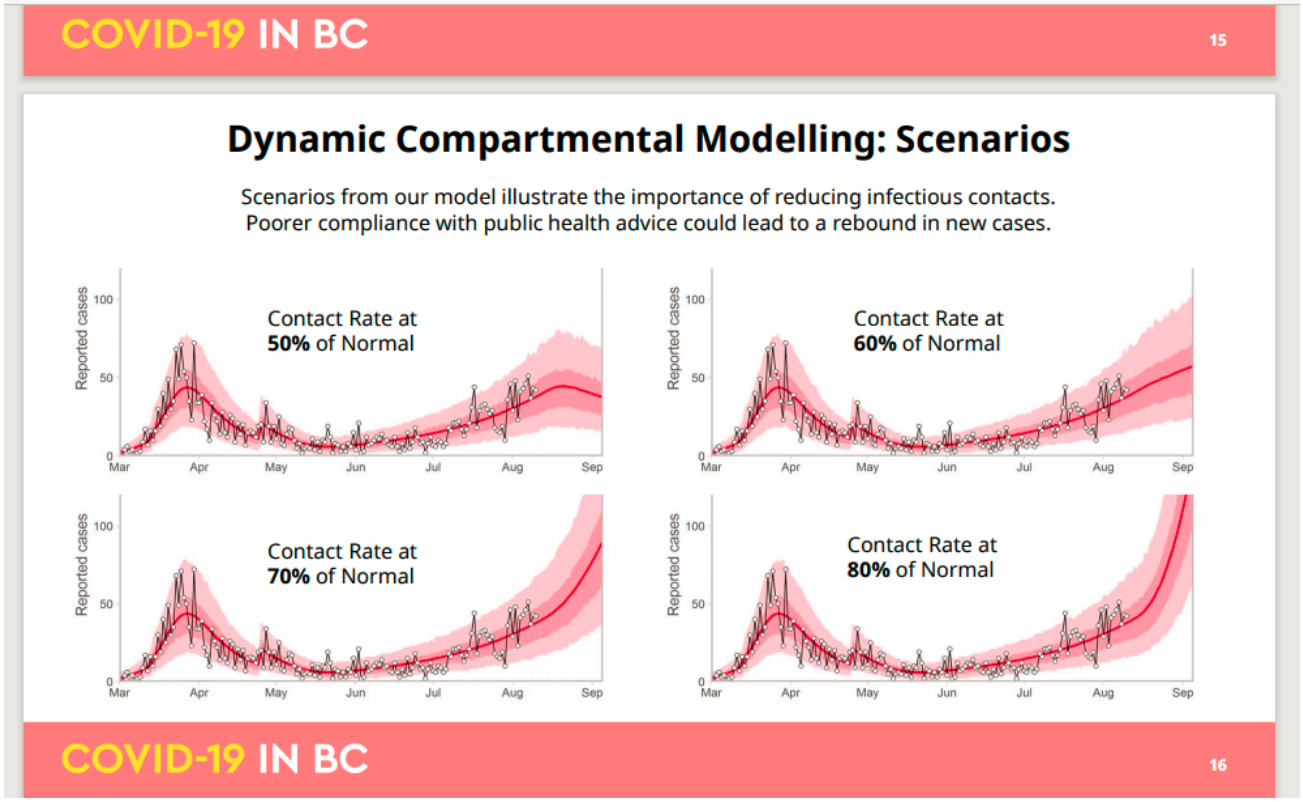
COVID-19 IN BC 9

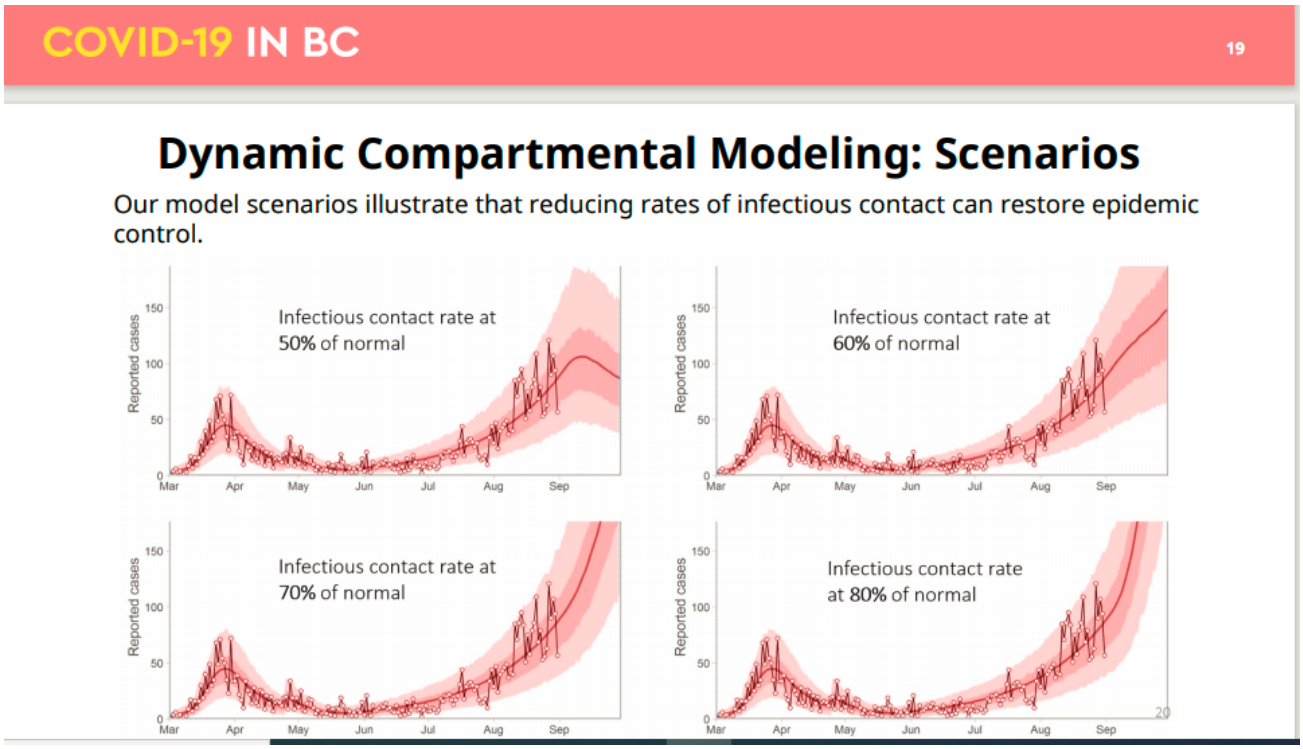
Dynamic Compartmental Modelling: Scenarios

Scenarios from our model illustrate the importance of reducing infectious contacts and of reducing risk by other means (e.g., masking, hand hygiene). Poorer compliance with this advice could lead to a rebound in new cases.



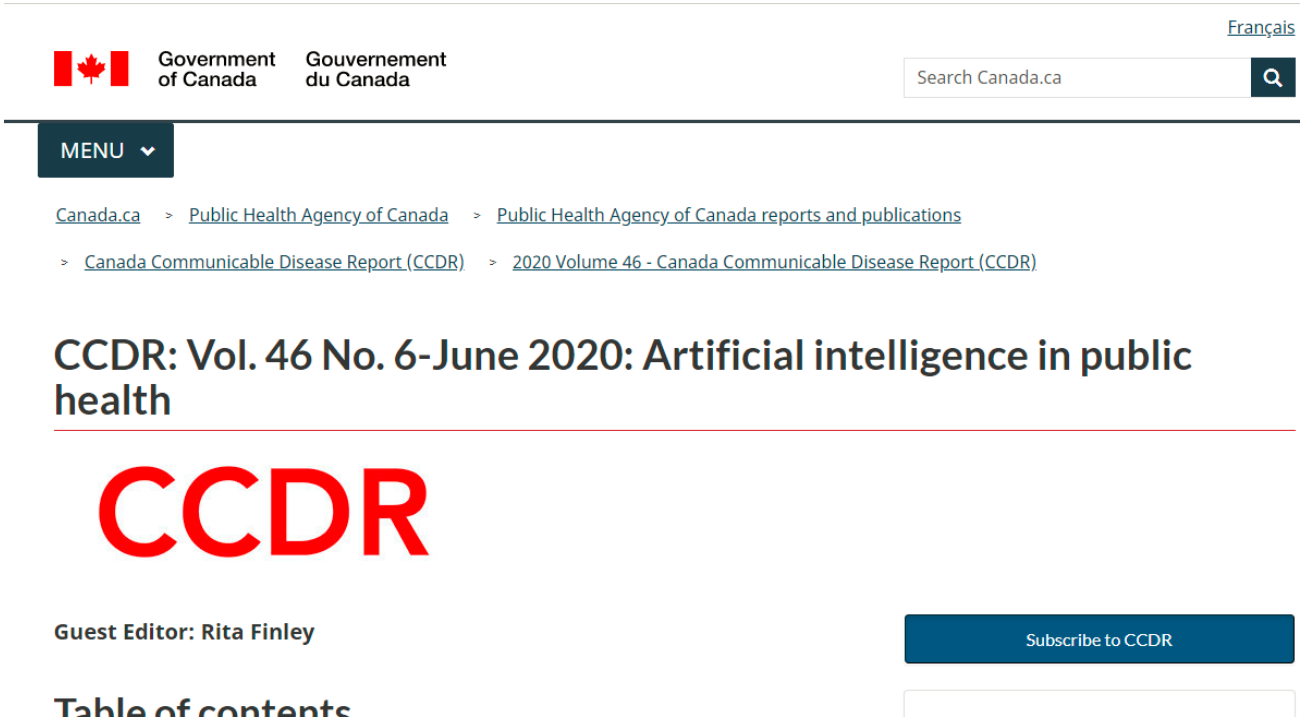
COVID-19 IN BC 10





In the case of British Columbia, the Government isn't even making predictions. Instead, it publishes a series of "what if" scenarios and uses that as a basis for more restrictions.

6. Bringing AI Into Public Health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> Canada Communicable Disease Report (CCDR) > 2020 Volume 46 - Canada Communicable Disease Report (CCDR)
CCDR: Vol. 46 No. 6-June 2020: Artificial intelligence in public health
CCDR
Guest Editor: Rita Finley
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An interesting aside into Government involvement pursuing artificial intelligence more and more for public health. Don't worry, it won't be open to manipulation.

7. Predictive Modelling At Federal Level

National Collaborating Centre for Infectious Diseases
Centre de collaboration nationale des maladies infectieuses

en français

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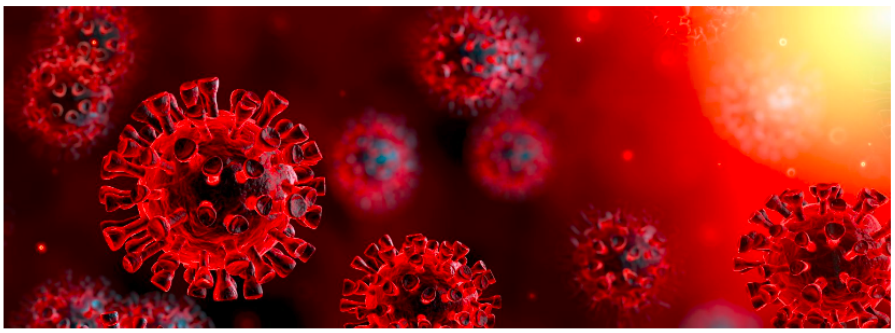
PHAC SEIR Model on COVID-19



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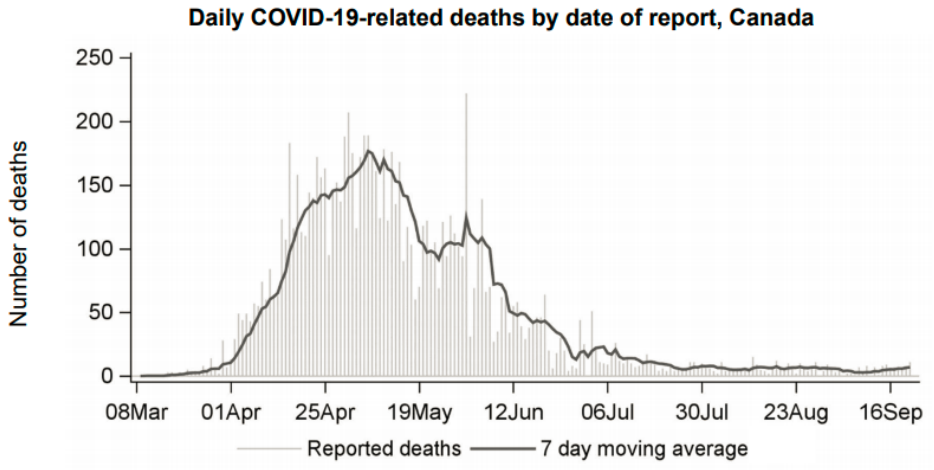
DISEASE REPORT (CCDR)
PUBLICATION SUMMARY
GLOSSARY OF TERMS
USING AND UNDERSTANDING TH
MATHEMATICAL MODEL
MODEL DESCRIPTION

COVID-19-related deaths remain low



Data as of September 21, 2020

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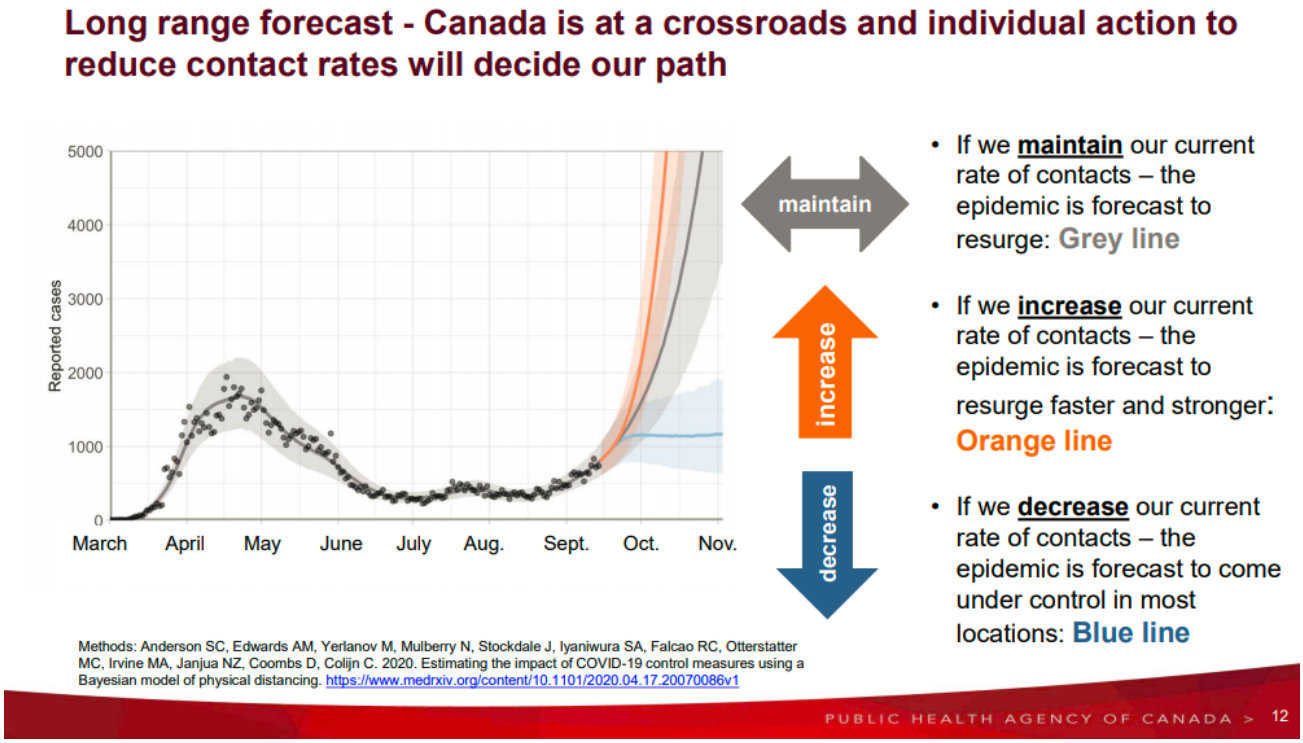
Long range forecast - Canada is at a crossroads and individual action to reduce contact rates will decide our path
Reported cases
5000
4000
3000
2000
1000
0
March
April
May
June
July
Aug.
Sept.
Oct.
Nov.
maintain
increase
decrease
If we maintain our current rate of contacts – the epidemic is forecast to resurge: Grey line
If we increase our current rate of contacts – the epidemic is forecast to resurge faster and stronger: Orange line
If we decrease our current rate of contacts – the epidemic is forecast to come under control in most locations: Blue line
Methods: Anderson SC, Edwards AM, Yerlanov M, Mulberry N, Stockdale J, Iyaniwura SA, Falcao RC, Otterstatter MC, Irvine MA, Janjua NZ, Coombs D, Colijn C. 2020. Estimating the impact of COVID-19 control measures using a Bayesian model of physical distancing. https://www.medrxiv.org/content/10.1101/2020.04.17.20070086v1
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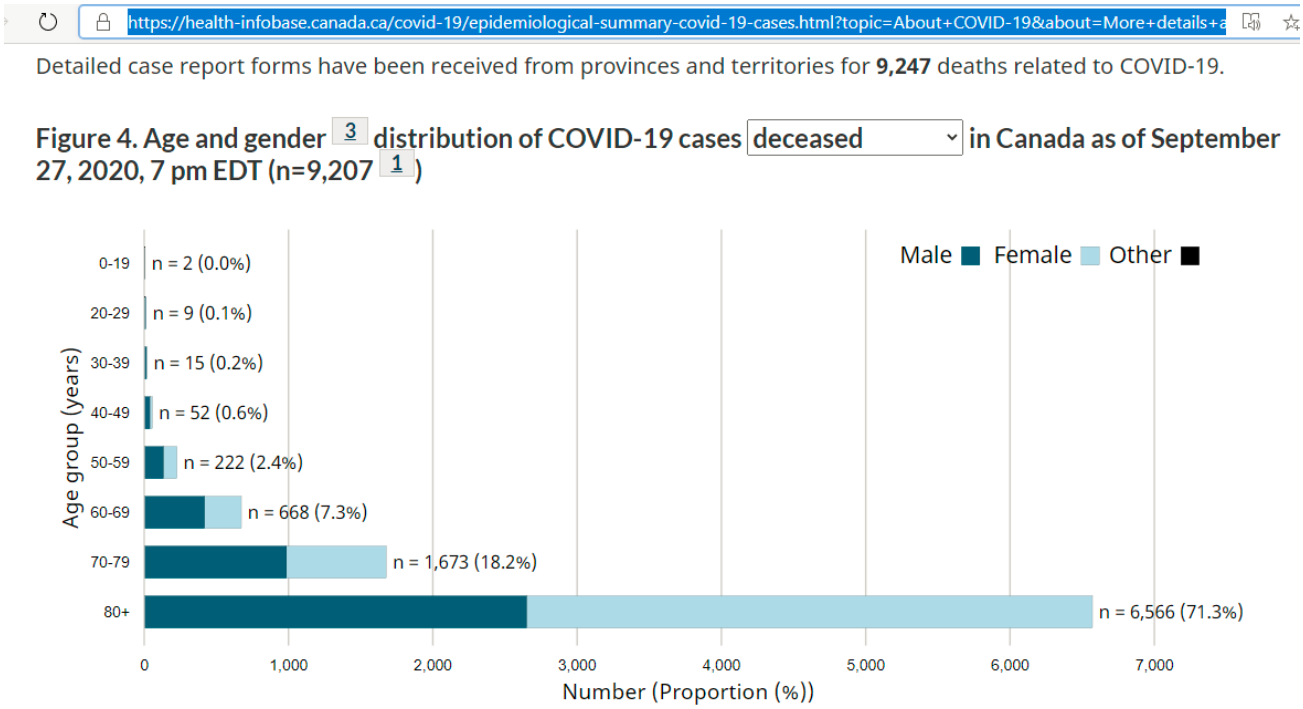
Just because there isn't a death wave going on, it doesn't mean that the Federal Government isn't CLAIMING that one is coming. For that, they rely on computer modelling. Again, modelling is not evidence of anything, and is, at best, an educated guess.

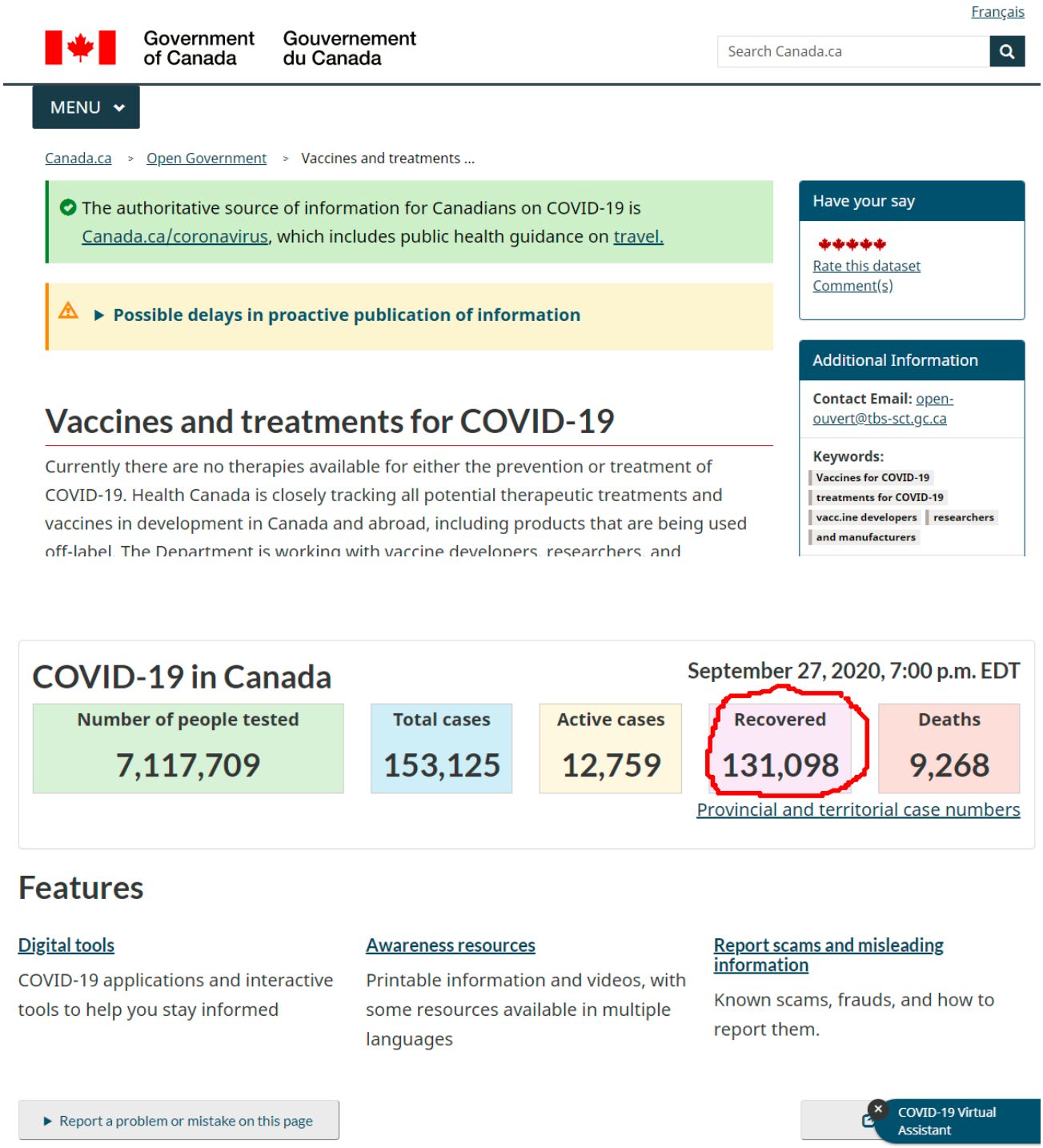
8. Seniors Are Bulk Of People Dying



668 (7.3%) were 60-69 years old
1,673 (18.2%) were 70-79 years old
6,566 (71.3%) were over 80 years old

Just 3.3% of deaths were in people under 60 years old. Again, this is assuming these numbers are at all accurate.

9. Vast Majority Recover On Their Own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Canada.ca > Open Government > Vaccines and treatments ...
The authoritative source of information for Canadians on COVID-19 is Canada.ca/coronavirus, which includes public health guidance on travel.
Possible delays in proactive publication of information
Have your say
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Additional Information
Contact Email: open-ouvert@tbs-sct.gc.ca
Keywords:
Vaccines for COVID-19
treatments for COVID-19
vacc.ine developers
researchers
and manufacturers
Vaccines and treatments for COVID-19
Currently there are no therapies available for either the prevention or treatment of COVID-19. Health Canada is closely tracking all potential therapeutic treatments and vaccines in development in Canada and abroad, including products that are being used off-label. The Department is working with vaccine developers, researchers, and
COVID-19 in Canada
September 27, 2020, 7:00 p.m. EDT
Number of people tested
7,117,709
Total cases
153,125
Active cases
12,759
Recovered
131,098
Deaths
9,268
Provincial and territorial case numbers
Features
Digital tools
COVID-19 applications and interactive tools to help you stay informed
Awareness resources
Printable information and videos, with some resources available in multiple languages
Report scams and misleading information
Known scams, frauds, and how to report them.
Report a problem or mistake on this page
COVID-19 Virtual Assistant

Vaccines and treatments for COVID-19

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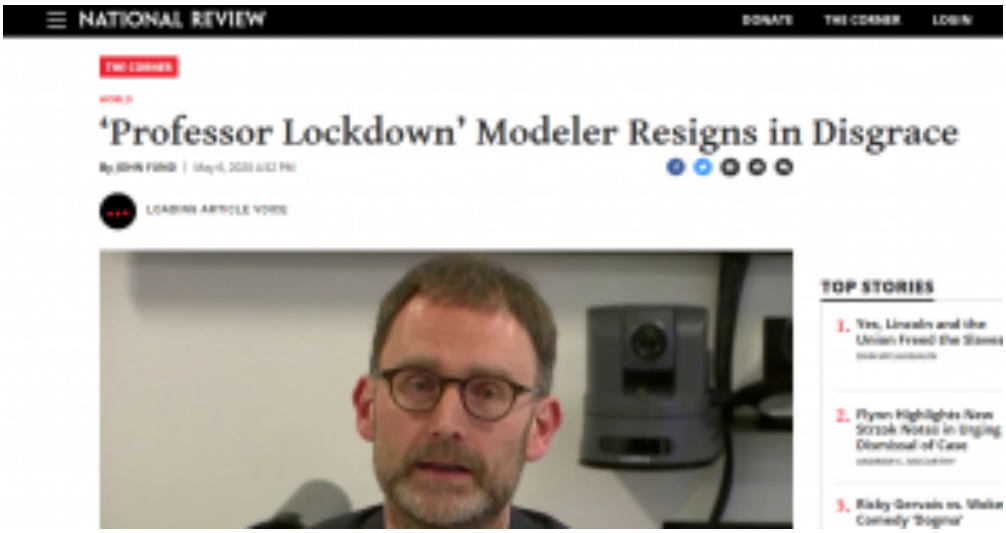
Currently there are ***no therapies available for either the prevention or treatment of COVID-19***. Health Canada is closely tracking all ***potential therapeutic treatments and vaccines in development in Canada and abroad, including products that are being used off-label***. The Department is working with vaccine developers, researchers, and manufacturers to help expedite the development and availability of medical products

such as vaccines, antibodies, and drugs to prevent and treat COVID-19.

On the Health Canada site, it is claimed that there is no treatment or prevention for this disease. Obvious question: how are people recovering if there is no treatment? Do they just get better on their own?

For the sake of argument, assume that Health Canada's totals are somewhat accurate. Assume that its testing methods are reliable. Why then, does the Government minimize the fact that people mostly recover on their own, without any vaccine? Why is it really being pushed?

10. Bogus CV Modelling Still Goes On



Yes, "Professor Lockdown", Neil Ferguson has long been exposed as a complete hack. Yes, his track record of failing is out in the open, as are his financial ties to the Gates Foundation. But the same shoddy pseudo-science is still being practiced. Governments don't talk about the consequences of their draconian measures, or just how bad these tests really are.

Governments use guesswork to justify what they do. That's all these models really are.

FEDERAL:
modelling.federal.april.8.using-data-modelling-inform-eng

Federal Modelling, April 2020
https://archive.is/WPSGJ
modelling.federal.June.4.using-data-modelling-inform-eng
modelling.federal.June.29.using-data-modelling-inform-eng
modelling.federal.July.8.using-data-modelling-inform-eng
modelling.federal.august.14.using-data-modelling-inform-eng
modelling.federal.September.22.using-data-modelling-inform-eng

PHAC Modelling Information
Artificial Intelligence In Public Health
https://archive.is/gOHaD

BRITISH COLUMBIA:
http://www.bccdc.ca/health-info/diseases-conditions/covid-19/modelling-projections
COVID19_Technical_Briefing_Condensed.March.27
COVID19_TechnicalBriefing_Mar27_2020.full
COVID19_Update_Modelling-DIGITAL.april.17
Covid-19_May4_PPP
Covid19-Modelling_Update.june.23
Covid19-Modelling_Update.july.20
COVID-19_Going_Forward.august
COVID19_Going_Forward_Sept_3_2020

http://www.bccdc.ca/health-professionals/clinical-resources/case-definitions/covid-19-(novel-coronavirus)/covid-19-(novel-coronavirus)
https://archive.is/yuNnT
WaybackMachine Archive

BC_COVID-19_Disclaimer_Data_Notes.no.liability
2019-nCoV-Interim_Guidelines_August25

http://www.bccdc.ca/Health-Info-Site/Documents/BC_Surveillance_Summary_Sept_17_2020.pdf
BC_Surveillance_Summary_Sept_17_2020

BC Covid Case Details

https://archive.is/egOvE

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